

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							89-09938					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51						
2						52						
3						53						
4						54						
5						55						
6						56						
7						57						
8						58						
9						59						
10						60						
11						61						
12						62						
13						63						
14						64						
15						65						
16						66						
17						67						
18						68						
19						69						
20						70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79	/					
30						80	/	/				
31						81	/	/	/			
32						82	/	/	/			
33						83	/	/	/			
34						84	/	/	/			
35						85	/	/	/			
36						86	/	/	/			
37						87	/	/	/			
38						88	/	/	/			
39						89	/	/	/			
40						90	/	/	/			
41						91	/	/	/			
42						92	/	/	/			
43						93	/	/	/			
44						94	/	/	/			
45						95	/	/	/			
46						96	/	/	/			
47						97	/	/	/			
48						98	/	/	/			
49						99	/	/	/			
50						100	/	/	/			
TOTAL						TOTAL IND.						
TOTAL						TOTAL DEP.						
TOTAL						TOTAL CLAIMS						